



# 2010-2011

## Interlake Regional Health Authority Annual Report

Healthy People in Healthy Communities



### **Pictured on the front:**

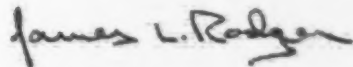
The Roots of Empathy program was offered in Stonewall's Centennial School this past year with Interlake RHA support. Students witnessed a loving parent – infant relationship through monthly in-class visits. Through guided discussion and witnessing the infant's development, students were encouraged to identify and reflect on their own thoughts and feelings and those of others. Research shows the program positively influences student's social behavior. We thank Alli, Henry and Carter Ducharme for their voluntary participation in this program.

## **Letter of Transmittal and Accountability**

We have the honour to present the annual report for the Interlake Regional Health Authority, for the fiscal year ended March 31, 2011.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2011 have been considered in preparing the annual report.

Respectfully submitted on behalf of Interlake Regional Health Authority.

A handwritten signature in dark ink, appearing to read "James L. Rodger". The signature is fluid and cursive, with the first name "James" being more prominent.

James L. Rodger,  
Board Chair

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## Message from our Board Chair & Chief Executive Officer

This year marks the completion of our current five year strategic plan and our transition into the next five years. The past year was one of evaluation and prioritization as we reviewed our vision, values and strategy. Forming the backbone of our strategies are public consultations, regional research such as the Community Health Assessment and everyday monitoring and interactions within our healthcare systems. We thank our communities, healthcare partners and our staff for feedback that helps us identify priorities and opportunities to improve the delivery of healthcare services. It's through this input that we are confident our strategic plan is addressing identified needs and we won't stray far from where we have come.

Regrettably, we continue to run a deficit budget. While we have not purposely incurred additional expenses, we maintain spending to provide required service. The most significant contributors to the deficit were the home care and personal care home programs and acute care services. In addition, the Interlake RHA continues to experience increases in care requirements and challenges in staffing as the primary drivers of the deficit.

Key areas that we'll continue to invest in are chronic disease prevention and management programs. Information from our 2010 Community Health Assessment tells us that we still have work to do in the region when it comes to adopting more active lifestyles, making healthier food choices, managing stress and quitting smoking. Adopting these four changes will do more to keep us healthy than anything else we can offer as a Regional Health Authority. We will continue to partner these programs with our community wellness initiatives that see us joining with community groups to provide the information and the support required to help individuals and communities make healthy lifestyle changes.

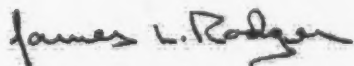
Community contributions to our work, especially those involving seniors, are considerable. We are deeply appreciative of the individuals living in the Interlake who have adopted our vision of Healthy People in Healthy Communities as their own. For instance, our Services to Seniors staff members have calculated that there are 200 volunteers helping with the congregate meal programs we support. We reach approximately 700 seniors with these programs designed to encourage people to sit down to a healthy meal with friends. These programs are fueled by 8,000 hours of volunteer time annually. We could not offer programs like these without this tremendous community support so generously given.

We continue to look to technology as a way to increase our reach across the broad expanse of our region. On the horizon is an electronic health record that will see all patient information compiled in one virtual location so relevant aspects can be available to healthcare providers when required. We are also witnessing the benefits of Telehealth in terms of improved access to expertise for patients and for staff. Telehealth use is increasing across the region where we now have six sites available. We look towards bringing more facilities on line with Telehealth in the year ahead.


The end of this year brought changes to the Interlake RHA. Kevin Beresford, our Chief Executive Officer, retired after 13 years. Kevin was with us when the Interlake RHA was created and was responsible for developing the solid community relationships that form the foundation of our successfully functioning RHA. We also have two new representatives on the Board, Mitch Obach (St. Laurent) and Don Pepe (Winnipeg Beach). This brings our Board complement to 15 members who will be responsible for rolling out our strategic plan for 2011-2016 with the support of management and staff.

We all have a part to play in ensuring Healthy People in Healthy Communities. We thank our Board for the commitment they continue to bring to their responsibilities. We thank our communities and health partners for helping us achieve our strategic priorities for healthcare and we thank our staff members who choose to work in the Interlake and to share their care with the residents of our region.

Respectfully submitted,



James L. Rodger  
Board Chair



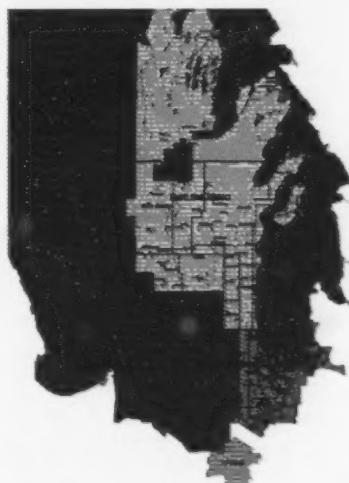
Randy B. Lock  
Chief Executive Officer

## Health Care at a Glance (2010-2011)

The Interlake Regional Health Authority (RHA) operates and administrates facility and community based health programs and services in the Interlake region of Manitoba. Within the context of provincial policy direction, the Interlake RHA assesses and prioritizes health services and programs based on information gathered to assist in decision making. These services and programs are developed and managed in an integrated approach to health care delivery.

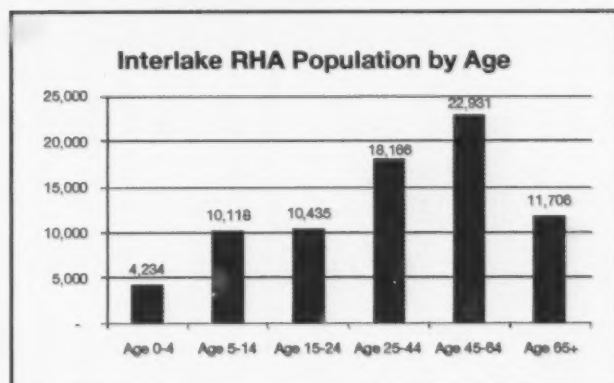
### Our Region

- 26,000 km<sup>2</sup>
  - spanning Winnipeg's north perimeter highway including Rosser and West St. Paul northwards to the 53rd parallel between Lake Manitoba on the West and Lake Winnipeg on the east, including a strip of land on the east side of Lake Winnipeg expanding up to Grand Marais



### Our People

- Population of 77,000 and growing, especially among 45-64 age range
- Cottage country, population in many lakeside communities doubles in the summer months
- 9 First Nations communities, representing 16,805 people or 22% of regional population



### Our Facilities

- Staff of approximately 2,000, over 50 doctors
- 7 hospitals (147 beds): Arborg, Ashern, Eriksdale, Gimli, Selkirk, Stonewall, Teulon

- 11 personal care homes (552 beds): Arborg, Ashern, Eriksdale, Fisher Branch, Gimli\*, Lundar, Selkirk\*, Stonewall, Teulon (\*Under service purchase agreement with Interlake RHA, Betel Foundation manages one facility in Gimli and one in Selkirk, and Red River Place and Tudor House are managed by other organizations in Selkirk)
- 11 Emergency Medical Stations: Arborg, Ashern, Fisher Branch\*, Gimli, Gypsumville, Lundar, Riverton\*, Selkirk, Stonewall, Teulon, West St. Paul (\*Operated by Peguis First Nation and Town of Riverton, respectively, under service purchase agreement with Interlake RHA)

### Healthcare Service Use

- 57,673 outpatient visits throughout the region (50% of these occurred in Selkirk)
- 4,653 inpatients (22% of these patients were paneled and awaiting placement in a personal care home)
- 2,340 same day surgery cases
- 4,660 total admissions to hospital
  - 260 deaths and 221 births
- Most common diagnosis by cases: heart attack, pneumonia and congestive heart failure
  - 915 referrals to diabetes/heart health classes
  - 1,332 contacts with chronic disease team
  - 700 people received mobile wellness health checks at work or in community spaces close to home
- 1,515 Interlake residents (452 children) accessed mental health services
- 1,057 new admissions to home care
- 187 new clients in palliative care, 73% with a diagnosis of cancer
- 96 flu clinics were offered (74 community clinics and 22 staff clinics)
- 1,482 new referrals for physiotherapy and 918 for occupational therapy

### Staff Education

2,233 staff attended 271 courses provided internally by the Interlake RHA or externally by other education providers.

### Telehealth

782 hours of Telehealth service were used in six sites of the region.



*Alda Foster (left), resident at Arborg Personal Care Home with on-site recreational coordinator, Julianna Roberts*

## Vision

Healthy People in Healthy Communities

## Mission Statement

To achieve the highest degree of physical, mental and social well-being of all Interlake residents and communities through publicly funded and delivered sustainable, accessible and integrated health services.

## Values\*

### Collaboration

We will maintain the highest degree of integrity, accountability and inclusiveness with our staff, health partners and communities

### Accessibility

We will strive to ensure timely and reasonable access to appropriate health programs and services

### Innovation

We will lead an innovative system based on best practice evidence

### Respect

We will provide a caring environment, which is open, honest and transparent

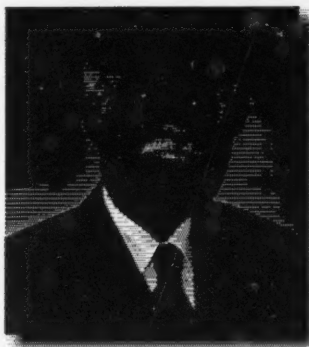
*\*Values presented reflect those stated in the 2011-2016 Strategic Plan.  
The vision and mission remain the same.*

## Board Governance



**2011-2012 Board of Directors:** (left to right) Randy Lock, CEO; Muriel Alexander, vice-chair; Murray Craddock; Diane Woychyshyn; Donna Rudyk; Donna Stephens, Board secretary; Grace Hodgson; Susan Shabaga; Don Pepe; Faye Goranson; Dave Cain, Keith Thomas; Dennis Fitzpatrick; Debra Jenkins; Jim Rodger, chair; Mitch Obach; Ruby Tretiak.

## Board of Directors 2010-2012



**Chair, Jim Rodger (Argyle)**

Jim retired in 2001 following a twenty-five year career in health services at Health Sciences Centre in Winnipeg. At HSC, Jim held a variety of roles including Director, Corporate Affairs & Communications; Corporate Secretary & Assistant to the President; and Assistant to the Vice President, Patient Care. Jim was a director and member of the Executive Committee of the Board of Klinik Community Health Centre in Winnipeg from 2002 to 2007 and is Sergeant-at-Arms of Royal Canadian Legion Branch #222 in Argyle. Jim was appointed to the role of Board Chair for a two year term ending March 31, 2011 and has since been reappointed.



**Vice-chair, Muriel Alexander (Ashern)**

Muriel has spent over fifty years as a volunteer serving community organizations. She is president of the Gypsumville Art Club and volunteers as a teacher in the Junior Art Club. She is also the seniors' representative on the Inland Oceans Arts Alliance and volunteers as a driver for the Adult Day Care Program coordinated by Living Independence for Elders in Ashern. Muriel was a member of the North West District Health Advisory Council and has previously served as a member of the Interlake RHA Board from 2001 to 2007. She has since been reappointed.



**Dave Cain (Gimli)**

Dave has spent the last thirty-three years as the Regional Manager, Interlake Region for the Province of Manitoba Department of Culture, Heritage and Tourism and Sport in Gimli. Prior to that, he served as Recreation Director in The Pas and Thunder Bay. Dave has been a member of the Kinsmen Club of Gimli since 1979 and has held all Executive Positions including the role of Club President. Dave has the distinction of being awarded a Life Membership to the Kinsmen Club of Gimli. He has also received the Province of Manitoba's Community Service Award amongst other awards and honours. Dave was appointed to the Interlake RHA Board on April 1, 2007 and has since been reappointed.





### **Murray Craddock (Riverton)**

Murray retired in 2006 from the Canadian Union of Public Employees where he served twenty-three years as a Representative involved with health care and day care workers in the areas of collective bargaining and administration. Prior to that, Murray was a Health Care Aide at Bethania Personal Care Home in Winnipeg. He has served as a Board member with Manitoba Blue Cross, the Manitoba Disabilities Society and the United Way of Winnipeg. Murray volunteers with the Riverton Heritage and Transportation Museum and is a member of the Riverton Elks. Murray was appointed to the Interlake RHA Board on April 1, 2009.



### **Denis Fitzpatrick (Selkirk)**

In 2005, Denis retired from the positions of Chief Laboratory Technologist and Microbiology Resource Technologist with Selkirk & District General Hospital's Diagnostic Service Department, following a 35-year-career in diagnostic services including 23 years in the Interlake Region. Previous to that, Denis worked at Cadham Provincial Lab (1976-79), Carman Lab & X-Ray (1973-76) and for the Province of Manitoba / Manitoba Health Services Commission (1971-72). Denis was appointed to the Interlake RHA Board on April 1, 2008 and has since been reappointed.



### **Faye Goranson (Lundar)**

Always interested in community betterment, Faye is currently a director of the new Coldwell Community Foundation Inc. and president of Lundar Lutheran Church. She was a founding member of the North West District Health Advisory Council, led a steering committee to develop a mental health support centre in Lundar, and is a peer support volunteer with the Canadian Cancer Society. Faye's professional life includes teaching and then journalism. She received a 2006 Community Service Award from the R.M. of Eriksdale and was named as a West Interlake Woman of the Year in 1997. Faye was appointed to the Interlake RHA Board on April 1, 2009.



### **Grace Hodgson (Arborg)**

Grace retired in 2000, following a twenty-six year career with the CIBC. During her career, she held various roles within the bank from teller to manager. Grace has volunteered with various organizations, from hockey mom to volunteer ambulance attendant. She is a past member of the Arborg & District Health Auxiliary Inc. and the Seniors Resource Council where she served on the Executive. She has served as a Peer Leader with the Active Living Coalition for Older Adults in Manitoba. She volunteers with the congregate meal program, is on the Board of the Interlake Consumers Co-operative Ltd. and on the Youth Justice Committee. Grace was re-appointed to the Interlake RHA Board on April 1, 2009.



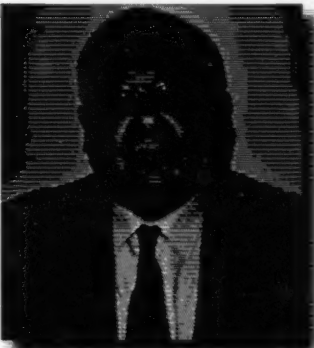
#### **Debbie Jenkins (Selkirk)**

Debbie has worked with the Manitoba Nurses Union for the past twenty-three years and currently serves as a Labour Relations Officer. Prior to that, Debbie held nursing positions at Health Sciences Centre in Winnipeg and in Brooks, Alberta. For the past three years, she has been a member of the Board for the Twice Over Inc. (second hand store) in Selkirk as well as being a Board member and chair of Nova House Women's Shelter since 1997. Debbie was a member of the Health Sciences Centre Board from 1986 to 1995. Debbie was appointed to the Interlake RHA Board on April 1, 2008 and has been reappointed.



#### **Mitch Obach (St. Laurent)**

Mitch is a teacher with the Lakeshore School Division and he has worked at Lunder and Eriksdale schools. He actively supports youth athletics and is currently president and head coach of the Interlake Thunder Midget football team. He has also coached baseball and hockey teams. While attending Brandon University, Mitch served three elected terms with the student's union including a year in the full-time position of president. He has served as an elected Board member on the Brandon Neighborhood Renewal Corporation and as an elected member of the Lakeshore Teachers' Association. Mitch was appointed to the Interlake RHA Board in April 2011.



#### **Don Pepe (Winnipeg Beach)**

After 40 years of self-employment in various businesses, the last 20 as a restaurateur, Don recently retired and stepped back from Winnipeg Beach council after holding the positions of councilor and then mayor. He has extensive experience as a Board member including representation on the Boards of Interlake Community Futures, the Interlake Development Corporation, East Interlake Planning District and Interlake Tourism Association. With a nine year history in the financial industry as a consultant, Don also brings to the Interlake RHA Board his financial and legal expertise. Don was appointed to the Interlake RHA Board in April 2011.



#### **Donna Rudyk (Fisher Branch)**

Donna has invested over 35 years as a Registered Nurse with Health Canada, Medical Services at Percy E. Moore Hospital in Hodgson and as a Community Health Nurse at the Brochet Nursing Station. She has, over the course of her career, been an active steward and held positions within the nursing group executive of the Northern Manitoba Branch of the Professional Institute of the Public Service of Canada (PIPSC). Currently, she is a member of the Professional Recognition and Qualification Committee and the National Consultation Advisory Committee of PIPSC. Donna has previously served on the Board from 2001 to 2009 including three years as board chair from 2006 to 2009.



### **Susan Shabaga (St. Martin)**

Susan is currently serving as a Teaching Aide at Gypsumville School. Previous to that, she was the owner of the Country Town'n Dollar Store and Canada Post outlet in Oakbank. An active volunteer, Susan spent fifteen years serving the Springfield Minor Hockey Association, with her last four years as President. She has also been involved as a Sunday School Teacher at Grace Lutheran Church for ten years and was a Unit Leader with Oakbank Brownies and Girl Guides. Susan was appointed to the Interlake RHA Board on April 1, 2007 and has since been reappointed.



### **Keith Thomas (Winnipeg Beach)**

Keith is the Risk Manager for the Manitoba School Boards Association, a position he has held for the past thirty-two years. During that time, he has served as a Director of the Canadian Risk Insurance Management Society (RIMS). Keith has been an active volunteer, serving as Chairman of Safe Grad Manitoba from 1980 to present as well as Chairman of Teens Against Drinking & Driving (TADD) from 1986 to present. He was recognized for his contributions by Canadian Youth Against Impaired Driving (CYAID) in 1998. Keith was re-appointed to the Interlake RHA Board on April 1, 2009.



### **Ruby Tretiak (Gimli)**

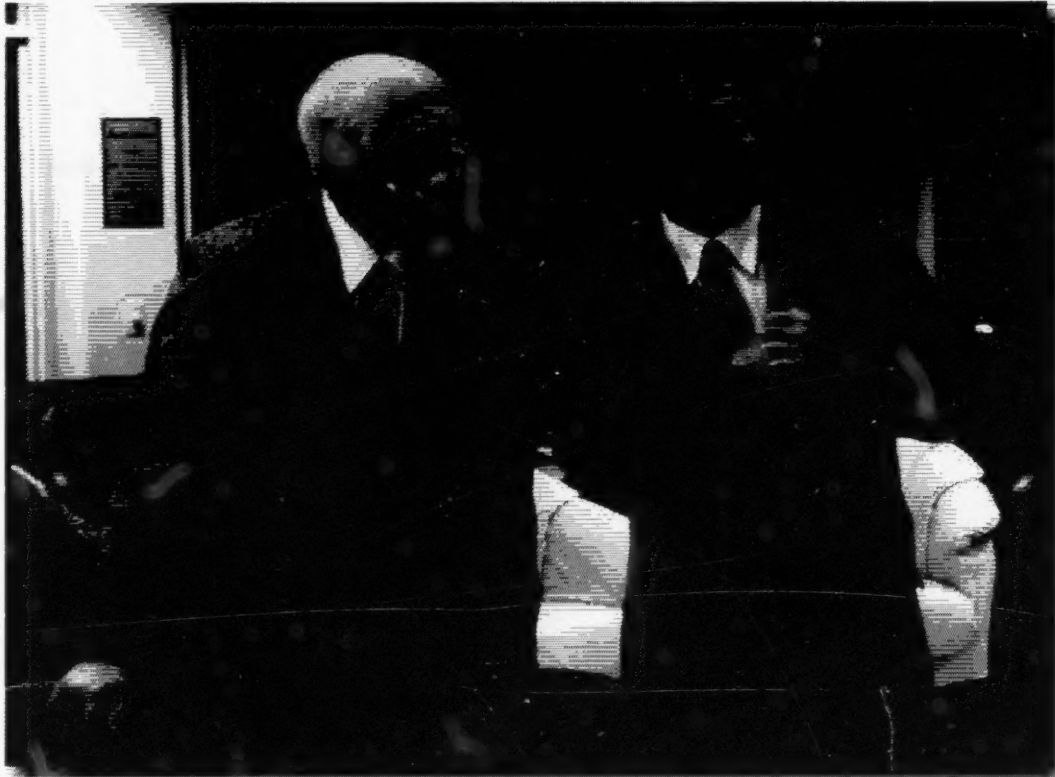
Ruby spent 34 years in health care including work as a public health nurse, regional continuing care coordinator, and North East District Director from 1997 to 2008. A longtime community volunteer, Ruby has been actively involved with the Winnipeg Folk Festival, the Fringe Festival, International HOPE, the Gimli District Health Auxiliary, the Westshore Singers and the Gimli Handbell Choir to name just a few. She has also been a volunteer "cabin mom" at Camp Stepping Stones since its establishment in 2005. Ruby is a Licensed Marriage Commissioner and was appointed to the Interlake RHA Board on April 1, 2009.



### **Diane Woychyshyn (Arborg)**

Diane served for twenty-nine years as admin/senior staff at St. Benedicts Manor and then at Arborg & Districts Health Centre. During that time, she also held the role of Ambulance Coordinator until her retirement. As a volunteer, Diane spent ten years as a member of the Ladies Hospital Auxiliary and has served twelve years on council for the R.M. of Armstrong. Other volunteer activities include Chair of Riverdale Homes in Arborg, Chair of the Arborg Literacy Program and one year with the Association of Registered Nurses. Diane was re-appointed to the Interlake RHA Board on April 1, 2009.





*Board Chair, Jim Rodger (left,) with former CEO, Kevin Beresford, at the 2010 Annual General Meeting in Gimli, Manitoba*

Directors from Interlake communities guide health program and service delivery within the RHA by establishing the RHA's vision, mission and values. Directors also define the RHA's strategic direction based on evidence based needs gathered across the region. The Interlake RHA's Board of Directors fulfills its role of directing the management and affairs of the Interlake RHA by complying with:

- the Regional Health Authorities Act and Regulations
- by-laws and policies of the Interlake RHA
- other applicable laws and administrative policies.

There are five committees of the Board that work collectively to ensure the Board fulfills its commitments. These include the executive committee and standing committees for: finance (Keith Thomas, Chair); planning (Dave Cain, Chair), governance (Donna Rudyk, Chair) and audit (Deb Jenkins, Chair).

### **Financial Accountability**

The Board's financial responsibilities include creating and monitoring by-laws and policies that direct the Board and senior management in financial matters.

At least one Board member participates in the finance and audit committees, comprised of Board members, the CEO and the vice president of corporate services, with the objectives to review and analyze the Interlake RHA's financial results; ensure sound financial reporting systems and strong internal controls exist; and that an external audit firm is engaged to report to the Board, providing audited financial statements that are shared with the Provincial Auditor and Manitoba Health. These audited financial statements are available to the public.

## Strategic Planning

Through a comprehensive, consultative community health assessment process, the Board is responsible for the development of a five year Strategic Plan. The Board meets on an annual basis to review and update as required Strategic Priorities and objectives. Progress in achieving the plan's priorities is regularly monitored through management's operational updates to the Board. Currently the Board has completed development of the 2011-16 Plan and has approved a communication strategy to share this new strategic plan with the Interlake RHA's stakeholders.

### Strategic Planning Activities – 2010



### Board Governance

The Board continues to ensure the relevance of its governance manual that contains pertinent legislation, Board policies, by-laws, monitoring reporting processes and articles specific to Board governance and organizational risk. The manual also provides an overview of regional programs and operations and is used as a reference for Board members.

### Evaluation of Performance

Self evaluations are performed by Board members annually. Completed evaluations are consolidated into a single Board report. This report helps to identify common strengths among Directors and opportunities for improvement that may be addressed through educational and training sessions. In addition, Board members conduct evaluations of Board meetings as a means of providing feedback to ensure business is carried out in an effective manner.

By-laws and policies of the Interlake RHA Board of Directors are available to the public at the Corporate Office in Stonewall by calling 467-4744 or 1-888-488-2299 (toll free) or by visiting [www.irha.mb.ca](http://www.irha.mb.ca).

## Organizational and Advisory Structure

### Senior Management



The Senior Management Team lends a hand at the annual Interlake Regional Health Authority fundraising golf tournament. All proceeds are directed towards Camp Stepping Stones, a camp in the Interlake started by palliative care staff and volunteers who wanted to create a place for children and youth who have recently experienced the death of someone dear to them.

*From left to right: Dela Irwin, Director of Human Resources; Lorne Charbonneau, Vice President of Health Services; Randy Lock, Chief Executive Officer (replaced Kevin Beresford, April 2011); Cynthia Ostapyk, Vice President of Corporate Services (replaced Sherry Lees, July 2010); Doreen Fey, Vice President of Planning. Missing Dr. Cary Chapnick, Vice President of Medical Services*

### District Directors



Jan O'Flanagan, Northwest



Lori Wahoski, Northeast



Shannon Montgomery, Southwest



Dianne Mestdagh, Southeast

Given the geographic expanse of the Interlake RHA, the region is divided into four management districts: the northwest, northeast, southwest and southeast. Each district has a director who is responsible for health services, community and facility based, within the district. Each district director is also responsible for managing one, region wide, core health service such as palliative care, rehabilitation, public health or diagnostics.

Vice Presidents are responsible for key operations within the Interlake RHA. The Chief Executive Officer reports directly to the Board and is responsible for the general management and conduct of affairs of the RHA.

## **Board Advisory Structure**

As required, the Board establishes community or staff advisory councils/committees to provide advice on health policy, program development or delivery. Each advisory body has at least one representative of the Board and one representative of senior management.

### **Medical Advisory Committee**

Comprised of physicians from across the region, this committee provides advice on medical matters pertaining to the region. Specialized committees such as pharmacy, credentials and therapeutics, report to the Medical Advisory Committee.

Membership includes: Dave Cain (Board Member), Denis Fitzpatrick (Alternate Board Member), Dr. Cary Chapnick (VP of Medical Services) and Chiefs of Staff: Dr. Issar Siddiqui (Arborg), Dr. Neil Burnet (Eriksdale), Dr. Michele Matter (Selkirk), Dr. R.C. Patel (Gimli), Dr. Greg Pinniger (Stonewall), Dr. Brett Stacey (Regional President, Doctors Manitoba), Dr. Richard Lindenschmidt (President, Selkirk Medical Staff), Dr. Tim Hilderman (Medical Officer of Health), Lorne Charbonneau (VP Health Services), Randy Lock (Chief Executive Officer), Kurt Schroeder (Pharmacy & Therapeutics Chair).

### **Mental Health Advisory Council**

The Mental Health Advisory Council provides advice to the Interlake RHA in the development of plans for consumer participation that will improve the quality of services and consumer satisfaction through effective mental health service planning, implementation and evaluation; and enhance opportunities to work towards an authentic partnership among consumers, family members, service providers, mental health managers and system planners and policy makers.

Membership includes: Bev Trachuk, Chair (Community Volunteer), Cecilia Alhambra (Community Volunteer), Cindy Cannell (Selkirk & Interlake Support Centre), Marita Capelle (Community Volunteer), Darlene Daniels (Community Volunteer), Coralee Dennis (Community Volunteer), Bev King (Manitoba Schizophrenia Society), Shelly Knowles (Mood Disorders Association of Manitoba), Lois Legrange (Community Volunteer), Sherry MacVicar (Anxiety Disorders Association of Manitoba), Debbie Mather (Community Volunteer), Marjorie McIvor (Community Volunteer), Arthur Phillips (Community Volunteer), Lindy Stanford (Selkirk Mental Health Centre), Isabelle Thorvaldson (Community Volunteer), Ron Walker (Community Volunteer), Ward Wozny (Selkirk Mental Health Centre), Pat Olafson (Interlake RHA), Doreen Fey (Interlake RHA), Diane Woychshyn (Board Member).

### **Joint Board/Staff/Management Advisory Committee**

The Advisory Committee discusses items of common concern, excluding items more appropriately dealt with through the collective bargaining process, or at the respective site or regional Labour/Management or Nursing Advisory Committee meetings. The committee works towards enhancing the mission, goals and objectives of the Interlake Regional Health Authority to the betterment of health care delivery to the citizens of the Interlake area.

Membership includes: Muriel Alexander (Board Vice-chair); Randy Lock (CEO); Dela Irwin (Director, Human Resources); CUPE Staff Representative or designate; MGEU Staff Representative or designate; MNU Labour Relations Officer or designate.



## 1. Integrated Primary Health Care Model

*Development and implementation of an Interlake RHA Primary Health Care Model that encompasses appropriate delivery methods to ensure accessibility and sustainability.*

With our primary health care model, we're striving to promote health, prevent illness, care for common illnesses and manage ongoing health issues. For this to happen, we are working on integrating health services for individuals and communities and empowering people to be responsible for their own personal health and well-being.

The geographic expanse of our region makes fulfilling this priority a challenge in terms of attracting and retaining staff in some of our more remote areas. This forces us and the communities we're trying to serve to think beyond historical modes of health care service delivery and evaluate the effectiveness of new options in addressing healthcare needs.

*Annabelle Reimer is a nurse practitioner currently providing healthcare services to Interlake residents. Nurse practitioners are registered nurses who have obtained an additional two-year master's degree in advance practice nursing.*

### We've Focused On: Under serviced areas and populations

#### Further integration of nurse practitioner services

We're providing nurse practitioner services in Eriksdale, Lundar, St. Laurent and Selkirk. Nurse practitioners address a specific ailment in the context of healthy lifestyles and provide advice and resources for a healthier approach to life.

#### Establishing Primary Health Care Clinics

Eriksdale, Lundar, Riverton and St. Laurent offer clinics with health care service focused on physical, social and psychological well-being and addressing health concerns in the context of healthy lifestyles.

#### What's Working So Far?

- We have seen a decrease in wait times in the Selkirk emergency room by up to four hours on some days with the presence of a nurse practitioner
- Our teen clinic in Selkirk has seen an 11% increase in visits over last year

### We're Working On:

- Exploring how we can expand our teen clinic to meet the growing demand of this target audience
- Enhancing care options with the delivery of mobile health services and teams
- Linking implementation of our Primary Health Care plan with our existing Community Wellness program to capitalize on the community partnerships this program has established

## 2. Population Wellness & Disease Prevention



Sixty students from grades 9 to 12 participated in our first youth forum held in partnership with the Lakeshore School Division and Lakeshore Recreation. We shared results of the Interlake RHA's Youth Survey and students provided feedback on how they could contribute to making healthy lifestyle choices.

*Health programs that focus on population wellness and disease prevention, including the physical, social, and mental dimensions of health are an integral component of the services offered in the Interlake.*

Unhealthy lifestyles in the Interlake contribute to the incidence of chronic disease. According to the Interlake RHA's 2010 Community Health Assessment, 27% of residents over age 12 smoke, 46% over the age of 15 are physically inactive and 70% over the age of 18 don't have a healthy body weight.

Battling chronic disease takes time, effort and lot of determination. Our multidisciplinary Community Wellness team of health professionals educates people on chronic disease prevention and management, making healthy eating choices, the importance of physical activity, smoking cessation and mental wellbeing. All age groups are targeted with free programs in schools, workplaces, seniors centres, health centres and other points of contact in communities. Partnerships are forged locally, regionally and provincially to provide people with the support they need to adopt healthy changes.

**We've Focused On:** Strategic wellness and prevention initiatives targeting at-risk populations, youth and workplaces

### Get Better Together

A free six-week workshop designed to help Manitobans with chronic health conditions take control of their health. Five workshop sessions were held reaching 47 participants. Eleven people participated in leader training. Four master trainers now deliver workshops in the Interlake region.

### Mobile Wellness

Our team of health experts regularly hits the road to attend workplace and community events. Last year, we checked health indicators (blood pressure, blood sugar) for over 700 Interlake residents and provided health information and counseling towards healthier lifestyles.

### Keeping Health Staff Healthy

The Interlake RHA has a workplace wellness committee comprised of staff from across the region. The committee focuses on activities in the workplace that remind staff about the importance of work-life balance.

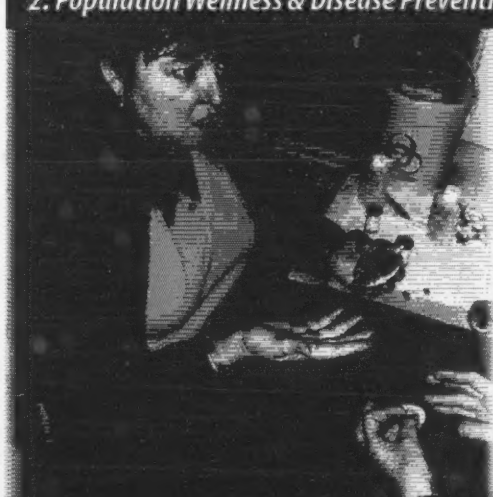
### We're Working On:

- Incorporating students' suggestions into our youth health strategy and hosting other youth forums in the upcoming year
- Hosting a third annual Living Well – Power of Prevention Conference for caregivers, community leaders and members of the public interested in doing more to prevent chronic disease in their communities
- Establishing mobile services and teams to extend and enhance healthcare options

### According to the 2009 Interlake Youth Health Survey

- 46% are not active enough for health benefits.
- 71% don't eat the recommended amount of fruits and vegetables on a daily basis.
- 31% of boys and 20% of girls are overweight or obese by grade 12.
- 16% smoke.

## 2. Population Wellness & Disease Prevention *continued...*



### **Piloting of CancerCare Navigator Program**

We started offering a Community Cancer Care Resource and Support Program in Eriksdale at the Wellness Centre in conjunction with Cancer Care Manitoba. The program enhances collaboration among people who are suspected to have cancer or who have been diagnosed with cancer, their families and the multidisciplinary team of health care providers working with them. Participants are supported through psychological, social, emotional and practical challenges associated with cancer and the negotiation of treatments, services and potential barriers they may encounter.

The program has received 33 referrals since June 30, 2010. Three more patient navigation programs are rolling out in the Province using the groundwork gained from this pilot project.

*Chronic disease educator and registered nurse, Sandy Koropas, is part of the Community Wellness team that visits workplaces and communities to educate people about wellness and chronic disease prevention initiatives. Over 900 individuals in the Interlake have been referred by health care practitioners to Community Wellness diabetes or heart health education programs. The chronic disease team has influenced the lives of over 1,330 people through person to person discussions and phone calls.*

**We've Focused On:** Active health groups partnering in wellness and disease prevention initiatives

### **Healthy Together Now Highlights**

Helping Manitobans live smoke-free, eat healthier, live more actively and improve mental wellbeing, Healthy Together Now projects are community-led, regionally coordinated and government supported. These projects reach community members of all ages at home, school, work and elsewhere in the community.

#### **Riverton's Friendship Centre**

Riverton's Friendship Centre taught students about healthy eating and provided a nutritious snack for all youth attending the summer program. Healthy Together Now helped train a certified fitness leader who now leads programs in the community.

#### **Little Saskatchewan First Nation**

Health centre staff in Little Saskatchewan First Nation offered cooking programs for people living with diabetes and Healthy Together Now showed people that cooking is easy, affordable, and tastes great. A community diabetes screening clinic tested community residents' blood sugars and shared information about diabetes.

#### **Selkirk**

The Selkirk cross country ski group was supported by the city's Healthy Together Now committee to keep the trails groomed all winter long. The committee also worked in partnership with the Selkirk soup kitchen to provide elementary students with fruit and milk in designated schools. Selkirk seniors benefited from Light and Lively and Sit and Get Fit programs that were expanded this year thanks to support from Healthy Together Now.

### **We're Working On:**

- Increasing the frequency of chronic disease management classes, creating a process where referrals for chronic disease education are automatically invited to join group classes and using Telehealth to reach multiple communities simultaneously.
- Soliciting public input into a chronic disease strategy that will require community support in delivery



### 3. Appropriate, Accessible and Sustainable Resources



*Interlake RHA staff performed 909,439 diagnostic tests last year. That's a 4.2% increase over the previous fiscal year. Within the region, residents have access to laboratory services, cardiology testing (routine EKG, Holter monitoring and stress testing), general radiography, ultrasound (Selkirk, Arborg, Eriksdale) and CT scanning (Selkirk).*

*Provision of appropriate and accessible human, financial and information resources to support and sustain our health programs and services.*

Periodically, shortages of professional staff challenge the region's delivery of primary health care initiatives. These shortages can result in reduction of access to acute care beds or increased wait times for diagnostic services. While we do our utmost to maintain service, alternatives, where they exist are often costly and affect the RHA's bottom line.

We have started expanding recruitment initiatives to include Facebook and online job boards that increase access to target audiences. In addition, we've established indicators that help us identify when and where resources are stretched. Two of these indicators – wait times for ultrasound and CT scan test

– indicate that while we do have waiting lists to access this equipment, our wait times are well within the average time experienced across the province.

**We've Focused On:** Appropriate, stable levels of staffing through effective retention and recruitment

#### **Other mental health services available:**

Mobile Crisis Unit:

(204) 482-5376

Crisis Stabilization Unit:

(204) 482-5361

Toll Free Crisis Line:

1-866-427-8628 (serves Interlake RHA and North Eastman)

Mental health liaison nurses (upon mental health presentation to the Selkirk and District Hospital emergency room)

#### **Mental Health**

Referrals to the new Youth Crisis Team have increased since service started in April 2010. Over 260 Interlake RHA and North Eastman youth have received mental health assessments and access to appropriate services through voluntary access or referral from schools, family members, Child and Family Services or hospitals.

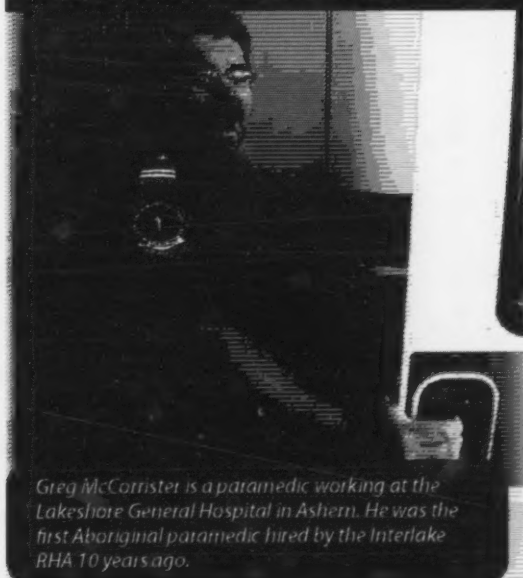
#### **Centralized Access to Speech Language Services**

Recognizing the demand for children's therapy initiatives we moved towards central intake for speech language pathology services delivered in conjunction with the school Boards of the Interlake. The wait to access services for most children (71%) is less than a year.

#### **We're Working On:**

- Increasing occupational therapy, physiotherapy, speech language pathology services in the region and resuming audiology service
- Adding a night shift to extend X-ray services in Selkirk and including a weekend day shift for Selkirk's CT scanner
- Reviewing the Emergency Medical Service program to ensure adequate coverage for residents in the region given increasing call volumes

### 3. Appropriate, Accessible and Sustainable Resources *continued...*



Greg McCorister is a paramedic working at the Lakeshore General Hospital in Ashern. He was the first Aboriginal paramedic hired by the Interlake RHA 10 years ago.

#### **Emergency Medical Service Staff**

Due to the fact that people who require emergency care in the Interlake face long transport times to urban centres and that the level of care required by patients can be quite extensive, the Interlake RHA requires a slightly higher level of education for its entry level emergency medical staff positions and encourages employees to continue pursuing higher levels of care classification.

For the seven year period between 2004 and 2010, activity levels for emergency medical services in the Interlake increased from 9,502 to 16,994 or 56% across the region.

#### **Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Coordination**

FASD is an umbrella term used to describe the range of disabilities that result from prenatal alcohol exposure. It is the leading known cause of developmental disability in Canada. The Interlake RHA is one of six regional satellite sites contributing to the establishment of the Manitoba FASD Network by providing a referral service for FASD assessments. The network is an initiative of Manitoba Healthy Living, Youth and Seniors in affiliation with Regional Health Authorities of Manitoba and the Winnipeg Regional Health Authority Child Health Program.

Sherisse Picklyk Dear, the Interlake RHA's regional diagnostic coordinator, screens referrals for eligibility, attends assessment as part of the diagnostic team and is involved with follow-up after diagnosis. Since September, Sherisse has shared information with 30 organizations in the Interlake and she has handled approximately 70 referrals. She also provides education and support to caregivers and can be reached at 1-204-785-7789, [spicklykdear@irha.mb.ca](mailto:spicklykdear@irha.mb.ca). Required forms are posted at [www.irha.mb.ca](http://www.irha.mb.ca), click on "Community Services" and "Fetal Alcohol Spectrum Disorder".



#### **Staff Education**

The education program offers activities that positively influence health service delivery, including workplace injury prevention and safety training, personal or professional growth, teamwork and leadership development and clinical/technical skills development. In the past year, 2,229 staff members attended education courses.

All staff members new to the Interlake RHA are invited to a regional staff orientation training day in Gimli that is hosted seven times annually.

### **3. Appropriate, Accessible and Sustainable Resources** *continued...*

**We've Focused On:** Professional development and career advancement programs for Interlake residents and staff

#### **Bursary Program**

The Interlake RHA awarded 32 bursaries last year to students pursuing healthcare careers with the intent of returning to the Interlake to practice in their chosen field.

#### **Work Experience**

The education program places students within Interlake RHA facilities to gain relevant clinical work experience. Last year, 111 students were placed in various sites/programs.

#### **On-Site Analysis**

As of January 2011, an education coordinator visits new nurses (LPNs and RNs) in their actual work environment to assess learning needs and create an individualized learning plan.

#### **We're Working On:**

Exploring delivery methods like Telehealth, self learning, Internet and webinars to enhance access to educational opportunities

#### **What's Working So Far?:**

- 5.5% of Interlake RHA employees self-declare themselves as "of aboriginal descent". This is an increase from 4.9% in February 2009 when we started our Aboriginal Human Resources (HR) initiative. Aboriginal HR employees visit First Nations and Métis communities to share information and encourage the pursuit of health care careers. They also continue to conduct Aboriginal cultural awareness sessions with Interlake RHA staff.
- Since Telehealth was first introduced into the Interlake RHA at Ashern's Lakeshore General Hospital in 2001, access to Telehealth sites has been expanding for Interlake residents. The Interlake RHA now has six locations where Telehealth can be accessed. In the past year, 74 Telehealth events occurred in the Interlake addressing clinical appointments, education sessions or administrative meetings.
- We've seen a steady increase in mental health service users over the past five years, particularly among adults and seniors. In 2006/07, 947 people accessed service. By the end of last year, we helped 1,515 people.

#### **Interlake RHA Telehealth Sites**

- Ashern / Lakeshore General Hospital – complete
- Selkirk & District General Hospital – complete
- Arborg & Districts Health Centre – complete
- St. Laurent Community Health Centre – complete
- Eriksdale Community Wellness Centre – complete
- Stonewall & District Regional Health Centre – complete in 2011
- Gimli Community Health Centre – completed in 2011-12

## 4. Engaged Community and Stakeholders



Winners of the 2010 Interlake RHA volunteer awards presented at the Interlake RHA 2010 Annual General Meeting were: (from left to right) Evelyn Wesley of Selkirk; Helen Kauppila of Eriksdale; Nettie Kolisnyk of Matlock and Mary Laing of Gross Isle (missing Jean Laing of Stonewall).

*Effective community partnerships existing through an inclusive, two-way process of communication and interaction with staff, health partners, stakeholders and the community with a focus on at risk populations.*

By nature of the health care services we provide, the Interlake RHA is more than the Board members who govern its activities and the staff members tasked with ensuring people receive the care they require. The RHA is a reflection of its people and its partnerships to achieve the priorities it sets out to achieve.

From those who knit and bake for the local auxiliary, to those who tee up in support of a fundraising golf tournament, to those who attend meetings to speak with Interlake RHA representatives or elected leaders – we all have a vested interest in the health care delivered in Interlake communities – because we're caring for our family, friends and neighbors.

**We've Focused On:** Establishing and implementing an IRHA communication / awareness strategy targeting current and potential partners and populations at risk

### French Language Services

The French language service committee, composed of community representatives, has developed a plan for French services that corresponds with the region's strategic priorities. Five staff members at the St. Laurent personal care home have completed introductory French lessons via Telehealth.

### Long-term Care Strategy

This strategy sees us working in partnership with communities to establish alternative housing options and supports for seniors. Work is progressing on nine supportive housing units in Riverton in conjunction with the Community Development Corporation, town council and RM of Riverton. Once completed, the Interlake RHA will be a contributor to funding staff salaries.

### Seniors Programs

The need for seniors services, congregate meal programs and adult day programs is growing in larger communities. With proper planning, seniors programs should complement home care services by helping seniors remain safely in their homes or home communities as long as possible, preventing premature admission to acute care facilities or personal care homes. The Interlake RHA focuses on contributing to seniors' meal programs, adult day programs, supports to seniors in group living and other programs in partnership with community stakeholders in order to contribute to keeping seniors in their homes and active and engaged in communities.

### We're Working On:

- Integrating French language services into community wellness events.
- Continued development of the Shared Care Model to include all aspects of care in Interlake RHA communities for seniors – home care, seniors services, mental health, acute care and long term care – with the objective of keeping seniors independent and active in their communities
- Developing a health and wellness newsletter for residents of the Interlake that profiles how people benefit from the IRHA's programs and how to get involved

### Board Communications

On a local level, Board meeting summaries are distributed to all rural municipality and town offices as well as First Nation communities. The CEO and Board members actively engage in discussions at the community level. The annual report is distributed annually and a summarized report is distributed through community newspapers. In addition, all publicly distributed materials and Interlake RHA directed research are available online at [www.irha.mb.ca](http://www.irha.mb.ca).

### Support to Seniors Services

- 700 seniors participating in 20 congregate meal programs partially funded by the Interlake RHA
- Adult day programs offered through the Interlake RHA in 10 communities



## 5. Provide a Safe Healthcare Environment



*Provide quality health programs and services which are safe and effective for clients and staff of the Interlake.*

There are a number of activities taking place every day in our facilities because we know they are making our facilities safer and healthier for our clients, patients and staff.

*Bob Oliver, with Interlake RHA maintenance at Selkirk and District General Hospital, secures the banner announcing the hospital's recently renewed accredited status. Banners like these went up at all Interlake RHA health care facilities.*

**We've Focused On:** Continuous improvement activities are incorporated in all health programs and services

### Continuous Improvement Activities

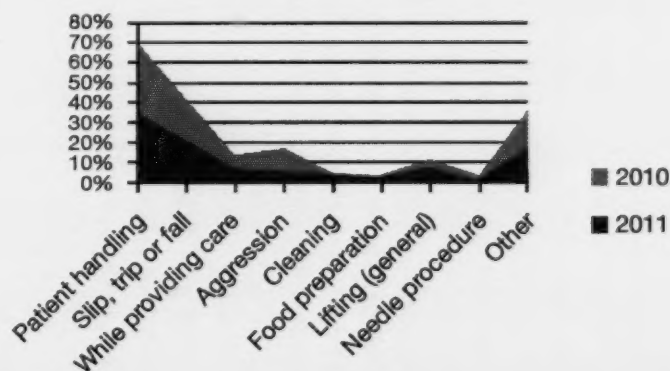
At the end of 2010, Interlake RHA staff and facilities participated in the fifth regional Accreditation review of health care facilities, processes and procedures by Accreditation Canada. This review evaluated the Interlake RHA against 1,805 nationally established standards of excellence for health care delivery quality and safety. Our facilities achieved Accreditation status reflecting our compliance with addressing high priority criteria, undertaking required organizational practices and collecting information that helps us evaluate our performance.

### We're Working On:

- Preparing for our next accreditation in 2013

**We've Focused On:** Promote and ensure a safe and healthy workplace

**Causes of injury to staff  
FY 2010 vs. 2011**



## 5. Provide a Safe Healthcare Environment *continued...*

### Falls Prevention Strategy

Falls and injury from falls are critical issues in healthcare safety. The Canadian Patient Safety Institute states that 50% of all elderly residents in facilities providing long-term care fall every year and that falls account for approximately 40% of admissions to facilities providing long-term care, such as nursing homes. We have started delivering a staff education program that incorporates falls risk assessment, interventions and a post falls procedure.

#### Injury Prevention

Patient handling is the leading cause of staff injury. We rolled out a musculoskeletal injury prevention training program. There were 17 sessions hosted, with 186 participants.

#### Non-Violent Crisis Intervention

We certified 339 staff members in non-violent crisis intervention and will continue to host these training sessions in our acute care facilities.

#### Infection Prevention and Control

The Interlake RHA's infection prevention and control staff provided one to one hand hygiene education to 1,217 staff members. This education remains a part of staff orientation so all new employees are familiar with proper handwashing technique.

### Safety & Security Projects

We invested approximately \$460,000 in health and safety projects over the past year to address aging infrastructure and upgrades. Among these projects were:

- Upgrades at Eriksdale's E.M. Crowe Memorial Hospital including the redesign of the admitting, reception and main entrance; relocation of the nursing station to improve visibility and patient confidentiality; upgrade of the emergency entrance; conversion of a tub room to a shower room; and upgrade of the medical gas, vacuum and oxygen system. We also upgraded the domestic hot water system.
- Completed the regional roam alert upgrade for Stonewall Hospital, Gimli Betel, Gimli Hospital and Fisher Personal Care Home that secures facilities in the event that a patient or resident wanders
- New roof installation at Gimli Betel home and Arborg clinic
- Compete fire alarm system replacement at Selkirk Betel home
- Upgrade of door locks at Fisher personal care home
- Installed a new Plymovent exhaust system in Lundar's Emergency Medical Services ambulance garage

### Tallman Lettering in our Pharmacies

Some drugs have very similar names making them a red flag for safety. In some cases, only one letter is different in the names of two drugs prescribed to treat very different conditions. We are in the process of identifying potentially problematic drug names and making the differences easier to spot by capitalizing some letters in the names. Called Tallman lettering, this system is an additional safety measure in the Interlake RHA for all staff members who handle medication.

#### We're working on:

- Auditing our falls prevention program so we can refine and extend program delivery to all of our health care disciplines and facilities.
- Transitioning to an electronic patient record that will merge all patient information into one easily accessible spot. We'll continue to undertake the required software upgrades.
- Instituting the Tallman lettering process in all of our pharmacies

acetaZOLAMIDE  
ALPRAZolam  
aMILoride  
atmLODIPine  
ATORvastatin  
azaTHIOprine  
buPROPion  
busPIRone  
capTOPril  
carBAMazepine  
CARBOplatin  
carVEDILOL  
ceFAZolin  
ceFIXime  
cefotAXime  
ceftAZIDime  
ceftRIAXone  
cefUROXime  
cesphALEXin  
chlorproMAZINE  
CISplatin  
cloBAZam  
clomPRAMINE  
clonazePAM  
clonIDine

## Capital Projects

### Selkirk Regional Health Centre Redevelopment

We progressed to the construction document stage on the build of the new health centre and we continue to work closely with Manitoba Health, the City of Selkirk, local municipal councils, community organizations, our physicians, staff and the community at large in making the new health centre a reality.

Some highlights of the new facility resulting from collaborative planning to date include: a state of the art birth unit and out-patient centre and core services of surgery, obstetrics, medicine, diagnostic laboratory and imaging, rehabilitation therapies, community cancer outreach, dialysis, chemotherapy and palliative care. The hospital will continue to offer an emergency department with physician coverage 24 hours a day, seven days a week.



*Architect's rendering of the proposed front entrance of the new Selkirk Regional Health Centre.*

### Interlake RHA Dialysis Units

Ashern: 10 stations

Gimli: 4 stations

Selkirk: 6 stations

Hodgson: 6 stations  
in construction

### Hodgson Renal Health Centre

Working in conjunction with the RM of Fisher, Peguis First Nation, Jackhead First Nation, Fisher River Cree Nation, Manitoba Health and Health Canada, we announced construction of a six-station renal health unit that will be attached to the Percy E. Moore Hospital. This unit will reduce the amount of time required to travel from the northern Interlake for dialysis services. With this dialysis unit addition, the Interlake RHA will have four separate sites providing renal health services with a total of 26 dialysis stations.

### Gimli Renal Health Centre

In January, we opened the new renal health centre constructed as a second floor addition to the Gimli Community Health Centre. The four-station unit was designed to allow for an expansion to six stations should it be required in the future. It also includes space to provide renal health education, an important measure towards the prevention and early detection of renal disease for the residents of the Interlake RHA. This project was a partnership among Manitoba Health, the Manitoba Renal Program, the Town of Gimli and the Interlake Regional Health Authority.

### Arborg Personal Care Home Gazebo

We oversaw construction of a gazebo for residents at the Arborg Personal Care Home. Funded by the federal New Horizons for Seniors Program, the gazebo is increasing enjoyment of the summer months for residents, families and staff at the care home.



## The Public Interest Disclosure

### – Bill 34 (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in the health authority annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by the Interlake RHA for fiscal year 2010-2011:

As per subsection 18 (2a): The number of disclosures received, and the number acted on and not acted on need to be reported.  
**Zero disclosures were received.**

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. **Nil.**

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken must be reported. **Nil.**



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700 - 200 Graham Avenue  
Winnipeg MB R3C 4L5 Canada

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## Report of the Independent Auditor on the Condensed Financial Statements

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To the Board of Directors of INTERLAKE REGIONAL HEALTH AUTHORITY INC.:

The accompanying condensed financial statements, which comprise the statement of financial position as at March 31, 2011, and the condensed statement of operations and condensed schedule of expenditures by type for the year then ended, is derived from the audited consolidated financial statements of INTERLAKE REGIONAL HEALTH AUTHORITY INC. for the year ended March 31, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated June 23, 2011.

The summary financial statement does not contain all the statements and disclosures required by Canadian generally accepted accounting principles. Reading the condensed financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Health Authority.

### Management's Responsibility for the Summary Financial Statement

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1.

### Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

### Opinion

In our opinion, the condensed financial statements derived from the audited consolidated financial statements of INTERLAKE REGIONAL HEALTH AUTHORITY INC. for the year ended March 31, 2011 is a fair summary of the financial statements, on the basis described in Note 1.

Chartered Accountants

Winnipeg, Manitoba  
June 23, 2011

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BDO Canada s.r.l., une société canadienne à responsabilité limitée, est membre de BDO International Limited, société de droit anglais, et fait partie du réseau international de sociétés membres indépendantes BDO.

**INTERLAKE REGIONAL HEALTH AUTHORITY INC.**  
**Condensed Statement of Financial Position**

**March 31**

**2011**

**2010**

**Assets**

**Current Assets**

Cash and term deposits	\$ 380,656	\$ 4,133,535
Accounts receivable	2,240,076	1,493,401
Due from Manitoba Health	6,659,467	4,012,647
Inventories	865,771	907,318
Prepaid expense	554,461	430,000
Vacation entitlements receivable	3,698,400	3,688,400
	<u>14,398,831</u>	<u>14,665,301</u>

**Retirement obligations receivable** 4,183,222 4,183,222

**Other assets** 95,309 108,505

**Capital assets** 50,187,331 44,316,896

**\$ 68,854,693 \$ 63,273,924**

**Liabilities and Net Assets**

**Current Liabilities**

Accounts payable and accrued liabilities	\$ 7,371,081	\$ 6,859,817
Accrued vacation entitlements	4,854,561	4,617,468
Current portion of long-term debt	57,641	55,100
	<u>12,283,283</u>	<u>11,532,385</u>

**Accrued retirement obligations** 7,888,727 6,808,818

**Long-term debt** 369,057 426,698

**Deferred Contributions**

Expenses of future periods	2,158,617	2,128,958
Capital assets	47,238,390	41,424,268
	<u>49,397,007</u>	<u>43,553,226</u>

**Commitments and contingencies**

**Net Assets**

Investment in capital assets	2,522,243	2,410,830
Externally restricted	699,427	720,228
Internally restricted	160,334	188,794
Unrestricted - RHA	(4,803,744)	(2,765,794)
Unrestricted - Contract Facilities	338,359	398,739
	<u>(1,083,381)</u>	<u>952,797</u>
	<b>\$ 68,854,693</b>	<b>\$ 63,273,924</b>

# INTERLAKE REGIONAL HEALTH AUTHORITY INC.

## Condensed Statement of Operations

For the year ended March 31

2011

2010

### Revenue

Province of Manitoba		
Health	\$ 115,201,618	\$ 107,272,814
Other	320,435	192,626
Client Non-Insured	6,542,726	6,617,757
Interest	33,156	29,982
Offset and other income	3,115,432	2,955,708
Ancillary income	160,758	181,154
Amortization of deferred contributions	3,623,188	3,355,242
	<u>128,997,313</u>	<u>120,605,283</u>

### Expenditures

Acute care services	34,824,808	32,888,171
Amortization of capital assets	3,661,944	3,393,997
Ancillary operations operating expenditures	141,154	112,975
Chemotherapy	327,301	311,965
Community health	6,377,464	5,837,948
Home based care	19,234,459	16,903,886
Diagnostic services	8,836,804	8,124,127
Dialysis	1,662,638	1,497,522
Emergency response and transport	8,266,178	7,504,602
Long-term care services	27,119,119	26,004,571
Mental health services	5,418,665	4,787,357
Medical remuneration	9,387,714	9,177,452
Nurse recruitment and retention	92,900	48,564
Regional undistributed expenditures	5,148,764	4,895,937
Safety and renovations	466,829	359,037
	<u>130,966,741</u>	<u>121,848,111</u>

### Deficiency of revenue

over expenditures for the year	\$ (1,969,428)	\$ (1,242,828)
--------------------------------	----------------	----------------

### Allocated as follows:

Regional services	\$ (1,917,989)	\$ (1,100,439)
Contracted services	<u>(51,439)</u>	<u>(142,389)</u>
	<u>\$ (1,969,428)</u>	<u>\$ (1,242,828)</u>

# INTERLAKE REGIONAL HEALTH AUTHORITY INC.

## Schedule of Expenditures by Type

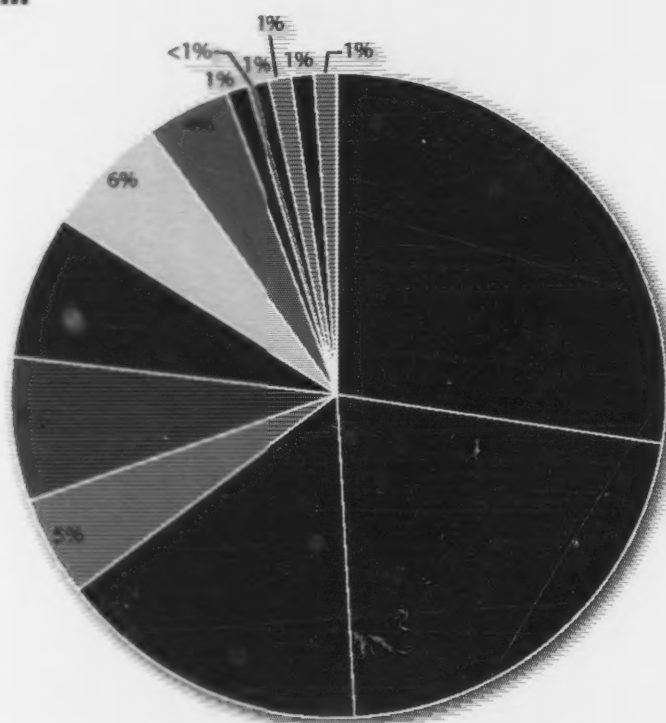
For the year ended March 31	2011	2010
<b>Salaries and Benefits</b>		
Salaries - registered nurses	\$ 17,925,762	\$ 16,541,854
Salaries - licensed practical nurses	6,527,860	6,416,088
Salaries - health care aides	16,130,161	15,423,574
Salaries - other	29,460,562	27,172,610
Purchased services	2,795,350	2,324,679
Benefits	13,497,497	11,962,292
Health and education tax	1,511,870	1,426,766
<b>Total salaries and benefits</b>	<b>87,849,062</b>	<b>81,267,863</b>
<b>Supplies</b>		
Medical and surgical supplies	2,837,609	2,561,576
Drugs and medical gases	2,239,685	2,158,846
Utilities	1,375,127	1,375,808
Other supplies	4,290,926	4,129,576
<b>Total supplies</b>	<b>10,743,347</b>	<b>10,225,806</b>
<b>Other Expenditures</b>		
Purchased services	10,643,515	8,940,321
Medical remuneration	9,022,015	8,849,642
Other expenses	5,832,205	5,558,250
Amortization	3,661,944	3,393,997
Staff travel	2,221,837	2,114,790
Contracted health facilities	382,023	998,592
Safety and security	466,829	359,037
Client travel	123,222	116,597
Interest	20,742	23,216
<b>Total other expenditures</b>	<b>32,374,332</b>	<b>30,354,442</b>
<b>Total expenditures</b>	<b>\$ 130,966,741</b>	<b>\$ 121,848,111</b>

### Note 1

Management is responsible for the preparation of the condensed financial statements. The statements presented include only the condensed statement of financial position, condensed statement of operations and the schedule of expenditures by type. They do not include the consolidated statement of changes in net assets, the consolidated statement of cash flows, the significant accounting policies and notes to the consolidated financial statements.

Copies of the March 31, 2011 audited financial statements and Public Sector Disclosure Report may be obtained from the Health Authority by calling 1-888-488-2299 or (204) 467-4742.

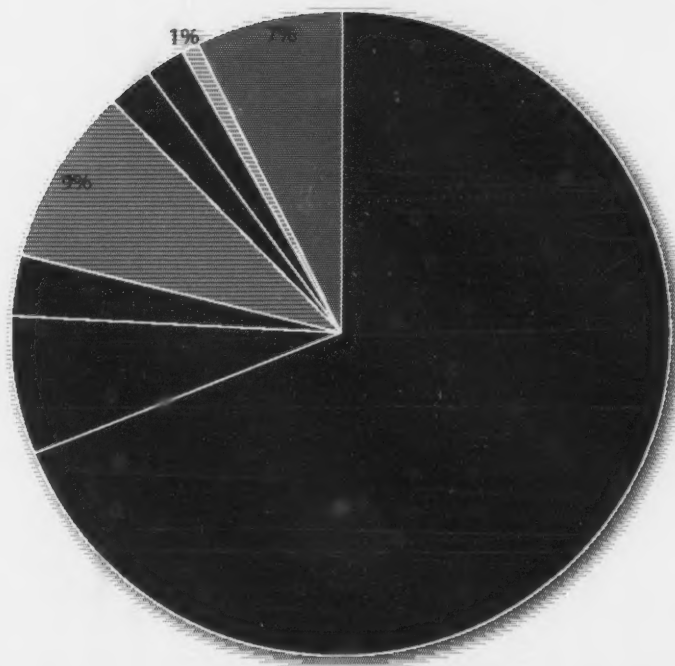
## Expenses by Program



Expenditures by Program		2011	2010
27%	Acute Care Services .....	\$ 34,824,808	\$ 32,888,171
21%	Long Term Care Services .....	27,119,119	26,004,571
15%	Home Based Care .....	19,234,459	16,903,886
5%	Community Health .....	6,377,464	5,837,948
7%	Medical remuneration .....	9,387,714	9,177,452
7%	Diagnostic Services .....	8,836,804	8,124,127
6%	Emergency Response and Transport .....	8,266,178	7,504,602
4%	Mental Health Services .....	5,418,665	4,787,357
1%	Administration – Corporate Operations .....	1,751,047	1,744,213
<1%	Administration – Patient Care Related .....	362,367	316,665
1%	Administration – Recruitment and HR .....	1,327,958	1,096,211
1%	Regional Undistributed Expenditures .....	1,707,392	1,738,848
1%	Dialysis .....	1,662,638	1,497,522
1%	Other .....	1,028,184	832,541
<b>Total expenditures before amortization .....</b>		<b>\$ 127,304,797</b>	<b>\$ 118,454,114</b>
Amortization of capital assets .....		3,661,944	3,393,997
<b>Total expenditures .....</b>		<b>\$ 130,966,741</b>	<b>\$ 121,848,111</b>



## Expenses by Type



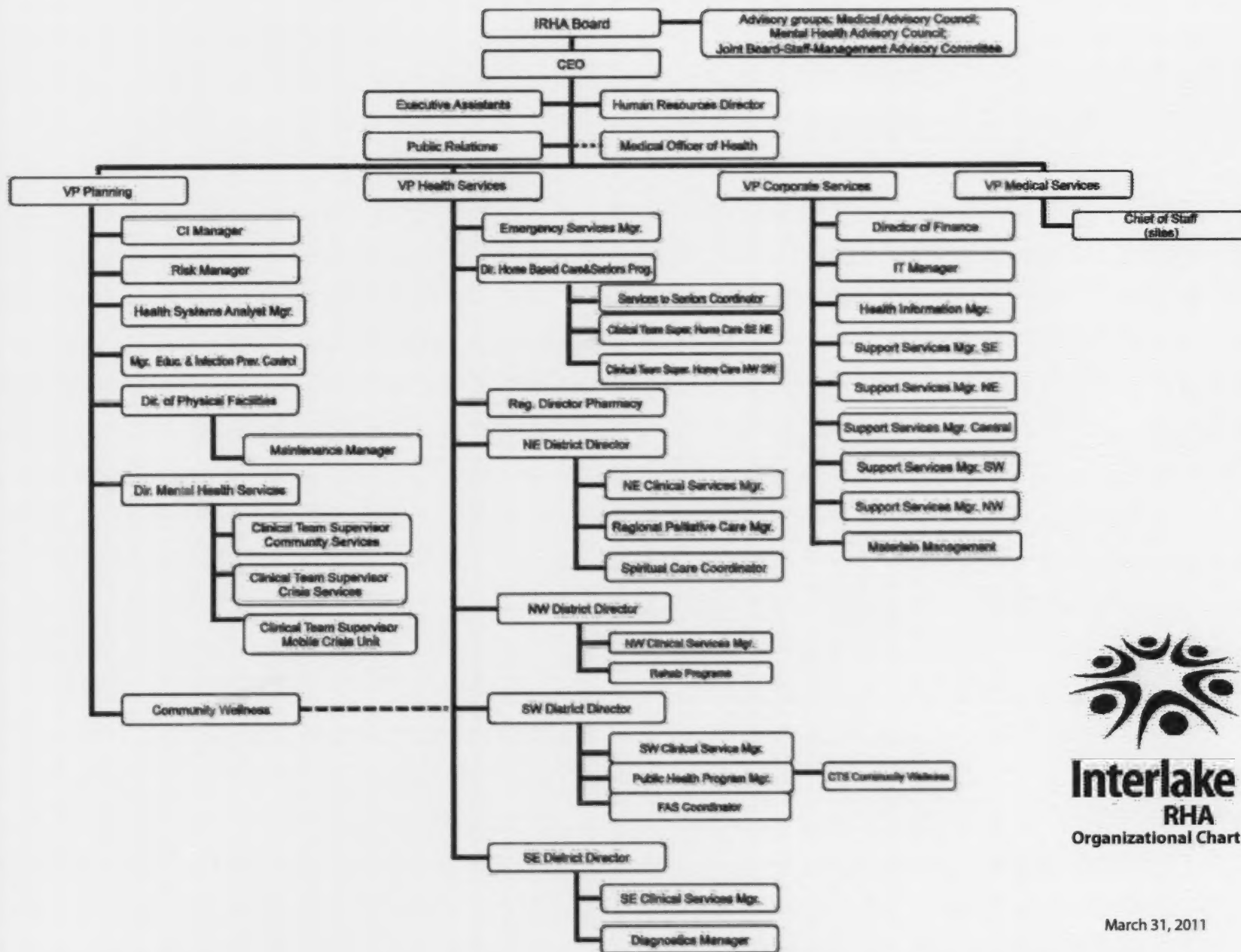
Expenditures by Type		2011	2010
69%	Salaries and Benefits .....	\$ 87,849,062 .....	\$ 81,267,863
7%	Medical Remuneration .....	9,022,015 .....	8,849,642
3%	Supplies .....	4,290,926 .....	4,129,576
9%	Contracted Services .....	11,025,538 .....	9,938,913
2%	Drugs and Medical Gases .....	2,239,685 .....	2,158,846
2%	Medical and Surgical Supplies .....	2,837,609 .....	2,561,576
1%	Utilities .....	1,375,127 .....	1,375,808
7%	Other .....	8,664,835 .....	8,171,890
<b>Total expenditures before amortization .....</b>		<b>\$ 127,304,797 .....</b>	<b>\$ 118,454,114</b>
Amortization of capital assets .....		3,661,944 .....	3,393,997
<b>Total expenditures .....</b>		<b>\$ 130,966,741 .....</b>	<b>\$ 121,848,111</b>



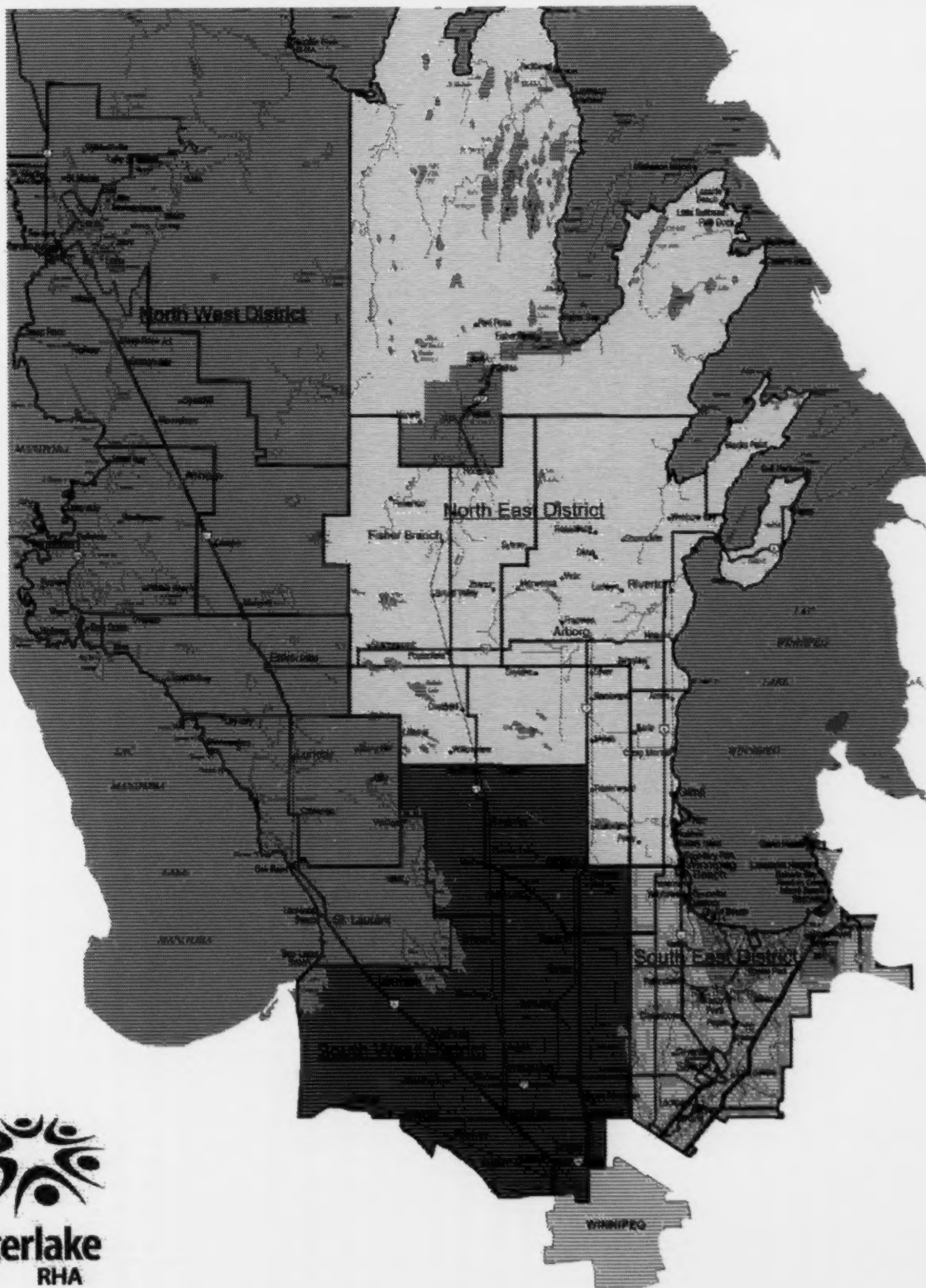
## What lies ahead?

The Strategic Plan that will guide us over the next five years is established. The following priorities have been shared with staff and the public. Learn more at [www.irha.mb.ca](http://www.irha.mb.ca), click on "About us" and "Strategic Priorities 2011-2016" or contact us toll-free at 1-888-488-2299 to request your copy of the plan.

<b>Strategic Priority Statements 2011 – 2016</b>					
	<b>A responsive and safe healthcare environment for patients</b>	<b>Population wellness and chronic disease management</b>	<b>Respectful workplace with a healthy staff</b>	<b>Technology to support and enhance clinical care</b>	<b>An integrated and accessible service to facilitate the individual's health journey</b>
	Constantly use the best evidence to ensure safe, quality healthcare.	Offer programs to improve overall population health with a focus on youth and seniors.	Ensure we are an employer of choice, with a focus on retention, recruitment, and workplace wellness.	Enhance decision making and communication through the use of technology.	Focus on developing a system that improves the patient's healthcare experience.
<b>Collaboration</b>	Share learning among stakeholders.	Engage multiple stakeholders in planning all areas of population health.	Ensure staff are consulted and involved in decision making.	Partner with eHealth to create technology based solutions.	Enhance integration among services, health care team and the patient to streamline the journey.
<b>Accessibility</b>	Improve the effectiveness and efficiency of service delivery to enhance accessibility.	Provide accessible, region wide population wellness and chronic disease management programs.	Match staffing with service requirements and subsequent needs.	Increase staff access to computers and technology across the region.	Ensure all Interlake residents have reasonable access to appropriate programs and services.
<b>Innovation</b>	Invest in research, evidence informed practice and evaluation.	Develop and support innovative service design and delivery to our diverse population.	Develop new and innovative recruitment and retention practices.	Apply technology to innovate processes.	Develop innovative, complementary models of care.
<b>Respect</b>	Adopt change management and transparent decision making.	Involve clients in the design and delivery of population wellness services.	Ensure a healthy and respectful workplace.	Ensure staff are educated and prepared to use support technology.	Focus on the patients and their journeys.







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